

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213532177

1.) CORPORATION NAME:

**Phoenix Houses of the Mid-Atlantic, Inc.**

DUE DATE: **7/10/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **01012863**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 521 N. QUINCY STREET

CITY/ST/ZIP: ARLINGTON, VA 22203

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	HOWARD P MEITNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	164 W 74TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10023		

NAME:	DEBORAH SIMPSON TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/REG DIR&SEC		
ADDRESS:	521 N QUINCY ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	KEVIN T KIRCHOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	164 W 74TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10023		

NAME:	TIM HUGHES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	2300 WILSON BLVD, 7TH FLOOR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	BRUCE MCLEOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHMN		
ADDRESS:	8321 OLD COURTHOUSE RD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	KEVIN APPEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5600 7TH STREET		
CITY/ST/ZIP/CO:	SOUTH ARLINGTON, VA 22204		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANE BAILEY DIRECTOR 2200 CLARENDON BLVD., SUITE 1100 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZIE BUCK DIRECTOR 4524 N 35TH ROAD ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR B CULVAHOUSE DIRECTOR O'MELVENY & MYERS LLP 1625 EYE STREET., N.W. WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY FRANTZ DIRECTOR 2009 N 14TH STREET SUITE 111 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HAWKINS DIRECTOR 9912 STOUGHTON ROAD FAIRFAX, VA 22032-1017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HOPE DIRECTOR 512 N PARK DRIVE ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HOWLAND DIRECTOR 1421 HOLLY STREET NW WASHINGTON, DC 20012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY HITT MILLAR DIRECTOR 1001 BASIL ROAD MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDD NOLEN DIRECTOR 5113 N 33RD ST ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN NORMAN VICE CHAIRMAN 8317 STONEWALL DR VIENNA, VA 22180	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE NUNEVILLE DIRECTOR 6622 PATENT PARISH LAND ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	SCOTT SCHIAVONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6849 OLD DOMINION DRIVE		
CITY/ST/ZIP/CO:	#400 MCLEAN, VA 22101		

NAME:	MATT VOORHEES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	805 15TH., NW		
CITY/ST/ZIP/CO:	SUITE 700 WASHINGTON, DC 20005		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DEBORAH SIMPSON TAYLOR	DEBORAH SIMPSON TAYLOR,	7/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SVP/REG DIR&SEC PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.